Amateur Radio Emergency Service®
Emergency Coordinator Application

Name: **Call:**

Street: **City:** **State:**

County: **Zip:** **Home phone:**

Cell Phone: **Work phone:**

E-mail:

License Class: Technician **ARRL member?** Yes

List names of Amateur Radio clubs of which you are a member:

Operations Capabilities: (specify fixed and/or mobile)

Mode	HF	VHF/UHF	1.2 GHz
Data	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐
Packet	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐
CW	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐
SSB	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐
FM	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐
Other	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐	Fixed ☐ Mobile ☐

Present ARRL appointments:

Former ARRL appointments:

Describe related experience:

Signature: **Date:**

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